Certif	icate	of	Mai	lina

Date of Deposit: August 19, 2003 Label Number: EV 247566108 US
I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## Signature of person realling correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)		
Attorney Docket Number	00786/366003	
Applicant	Jen Sheen et al.	
Title	TRANSGENIC PLANTS EXPRESSING A MAPKKK PROTEIN KINASE DOMAIN	
PRIORITY INFORMATION:		
This application is a continuat States patent application 60/0	ion of 09/371,338 filed August 10, 1999, and claims the benefit of United 95,938, filed August 10, 1998.	
SMALL ENTITY STATUS:		
☑ Applicant claims small enti	ty status under 37 C.F.R. § 1.27.	

APPLICATION ELEMENTS:	PLICATION ELEMENTS:	
Cover sheet	1 page	
Specification	60 pages	
Claims	2 pages	
Abstract	1 pages	
Drawings	26 sheets	
Combined Declaration and Power of Attorney, which is:	4 pages	

Drawings	26 sheets
Combined Declaration and Power of Attorney, which is:	4 pages
☑ A copy from prior application 09/371,338 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	
Sequence Statement	2 pages
Sequence Listing on Paper	18 pages
Sequence Listing on Diskette	
Preliminary Amendment	
Information Disclosure Statement	
Form PTO 1449	
Cited References	
Recordation Form Cover Sheet and Assignment	
English Translation	
Certified Copy of Priority Document	



Non-publication Request under 35 U.S.C. § 122(b).	
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	
A Small Entity Statement	
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$375	\$375.00
Excess Claims Fee: 15 - 20 x \$9	\$0
Excess Independent Claims Fee: 0 - 3 x \$42	
Multiple Dependent Claims Fee: \$140	
Total Fees:	\$375.00
☑ Enclosed is a check for \$375.00 to cover the total fees.	
	it Account No. 03-2095.
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